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| POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS | Application Number | 10560901 |
| | Filing Date | 12/16/2005 |
| | First Named Inventor | Hamid Sharim |
| | Title | ORTHOPEDIC CLAMPS |
| | Art Unit | 3733 |
| | Examiner Name | COMSTOCK, DAVID C |
| | Attorney Docket Number | 1122_10_2_US_dmy |

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

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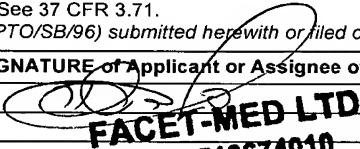
I am the:

☐ Applicant/Inventor.

OR

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____

SIGNATURE of Applicant or Assignee of Record

| | | | | |
|-------------------|--|--------------|-------------|-----------------|
| Signature |  FACET-MED LTD C. No 513674010 P.O.B. 7284 Ashkelon 78172 | Date | 21 Sep 2010 | |
| Name | | Shahar Peled | Telephone | +972 54 2234082 |
| Title and Company | | CEO | | |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

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